

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis, Missouri.

Length of stay in 1b

12 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lincoln

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

St. Luke's Hospital

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

RFD No. 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Carroll

Middle

Patrick

Last

Mudd

4. DATE
OF
DEATH

Month

Day

Year

January 12, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/28/1935

9. AGE (last birthday)

26

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Lincoln County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Burdette Mudd

13b. MOTHER'S MAIDEN NAME

Sophie Meuth

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

8/58 - 1/62

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Burdette Mudd, Silex, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (a)

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

1-11-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

65 Highway

20f. CITY, TOWN, OR LOCATION

Troy, Lincoln, Missouri.

COUNTY

STATE

21. I attended the deceased from _____ to _____

Death occurred at _____

12:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

1-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/15/62

23c. NAME OF CEMETERY OR CREMATORY

St. Alphonsus Cemetery

23d. LOCATION (City, town, or county)

Silex (Milwood) Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. O. Mudd Funeral Home, Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 15 1962

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.